

AMERICAN UNIVERSITY OF BEIRUT

Application for Educational Scholarship for Children of Employees and Workers

Please Read

I hereby wish to request that I be granted educational Scholarship for my child/children in accordance with the terms of Article 29 of the Collective agreement signed on April 4, 2024. I hereby declare also that my child/children is/are not receiving any other form of scholarship.

Payroll No.	Name of Employee or Worker	Department
1. _____ Name of Child	_____ Class Admitted to	20 - 20
2. _____ Name of Child	_____ Class Admitted to	20 - 20
3. _____ Name of Child	_____ Class Admitted to	20 - 20
4. _____ Name of Child	_____ Class Admitted to	20 - 20

Name: _____

Signature: _____

Date: _____